

61905
VOL. XXVII. No. 3

MARCH, 1906

THE CALIFORNIA MEDICAL JOURNAL

D. MACLEAN, M. D., EDITOR

PUBLISHED MONTHLY

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Editor's Hours, 10 to 12 Daily.

Entered at the San Francisco Post Office as Second-Class Matter.

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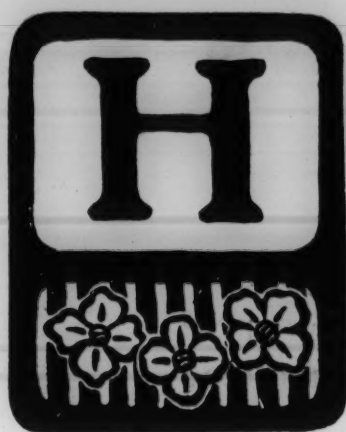
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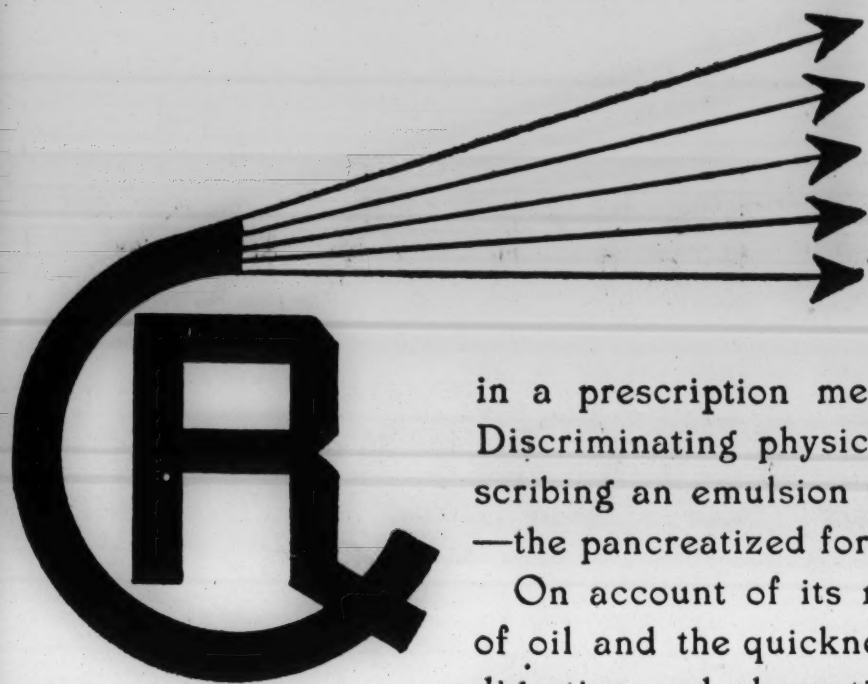
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CALIFORNIA MEDICAL JOURNAL.

VOL. XXVII.

MARCH, 1906.

No. 3.

Leprosy, Its Causes and Treatment,

THEODORE JUDSON HIGGINS.

IN one of our series of articles which appeared in a previous number of the Journal we mentioned the daily warm bath in some stimulating antiseptic solution, together with an antiseptic oil rub, using the best olive oil as a tissue food and as a medium to carry the medicament to the skin as having proven very effective in our hands. We have been in receipt of so many inquiries regarding the exact nature of these compounds that we have decided to give the formulæ of these two preparations which will prove effective in the majority of cases.

The formulæ are as follows:

R Carmine C. P., 3 ii.

Asepsin soap stock, 3 v.

Methyl sodium salicylate, 3 i.

M. S. Use two drachms to the gallon of bath water.

Lloyd's asepsin is the best prepara-

tion of methyl sodium salicylate on the market.

Any good clean saponaceous base may be used. I have been using the soap stock used in making Lloyd's asepsin soap, it being a good clean base. I use 3 v. of this base to 1 oz. of the asepsin and two drachms of pure powdered carmine.

The bath should be big enough for the patient to be enabled to lie down in the long tub and be completely immersed therein. To attain the best results heater pipes should surround the tub and the patient should stay in this bath from thirty to sixty minutes, and during the time that the patient is in the bath the temperature of the solution should be gradually raised from 60 degrees Fahrenheit to from 90 to 100 degrees Fahrenheit and maintained at the higher temperature while

the patient remains in the bath. Great care and judgment should be exercised, however, to be sure that the treatment as regards heat is not too severe, as bad burns and scalds will occur on leprosy patients at surprisingly low temperature. After the patient has thoroughly bathed himself, or herself, as the case may be, the following preparation proves exceedingly effective, not only as a tissue food but as a splendid antiseptic and germicide and powerful stimulant, causing an immediate improvement in the peripheral capillary circulation of the entire body:

R Camph. gum, 6 lb.
 Phenol, C. P., 2 lb.
 Phenol-pthalien, 3 ii.
 Oil sassafras, 3 ii.
 Oil cajeput, 3 ii.
 Oil eucalyptus, 3 ii.

M. Let stand 24 hours in covered air-tight jar slightly heated; the resultant liquid may be filtered to clarify it if necessary. To each pint of pure olive oil from four to eight ounces of the above formula may be added. The antiseptic comp. camphor, et phenol, et essential oils has been given to the students of the California Eclectic Medical College by our esteemed Professor on Practice, Dr. J. B. Mitchell, as a part of his lecture on antiseptics and asepsis.

We find that in some cases of leprosy the essential oils prove too stimulating and with those cases we employ the following: R phenol, 1 lb. camph. gum, 3 lb., mix and heat gently in closed vessel till liquefaction has occurred.

This formulæ proves effective in from 3 to 6 ozs. to the pint of olive oil in this latter class of cases.

In the February number of the Journal we outlined the uses of veratrum in this disease and now we desire to dwell for a few moments on the applicability of iris versicolor. This valuable drug stimulates the gastrointestinal canal to greater activity. It also increases the activity of both the glandular and nervous system. It powerfully excites the biliary, salivary and pancreatic secretions, and in those cases in which there is deep, diffuse pigmentation of the skin, due to excessive absorption of bile coloring matter and salts, and imperfect digestion due to insufficient secretory activity of the digestive glands it is especially applicable. There are quite a large number of related species of this valuable drug but they are not to be considered in this connection as their specific action is not the same. The specific medicines and normal tinctures are the only preparations worthy of consideration, and if these preparations should exhibit a gelatinous mass in containers thereof, they are decomposed preparations and are valueless for the purpose for which we require to use them. The manner in which the best results may be obtained with iris versicolor are as follows: Use spec. iris, gtt. 5 in a glass of cold water thirty minutes before each meal, or any first class preparation of this drug in the same manner and dosage.

Whenever the patient complains that the salivary secretions are beginning to be slightly excessive, or that the

gums are a trifle sensitive, the iris should be discontinued and the following drug applied as follows: R. Jaca-

landa procera, 5 drops in the glass of cold water thirty minutes before each meal.

(To be continued.)

Absorption of Digested Food.

F. G. DE STONE, M. D.

(From a series of lectures delivered by the author.)

THIS evening we take up: Absorption of Digested Food. There are three physical factors concerned in the process of absorption, and they are known as endosmosis, diffusion and filtration. Endosmosis occurs between two liquids capable of forming an intimate mixture with each other, such as water and acid—but never between two fluids that do not mix—such as water and oil. Filtration is the passage of fluids through coarse porous membranes under pressure.

Osmosis, endosmosis and exosmosis—here are three hard words with which we must become familiar; they mean simply the manner in which fluids pass through animal membranes, and in physiology are applied to describe the means by which we get nourishment from foods. I have already referred to this process several times, but it will bear repetition, as the process should be thoroughly learned, for it is the key to an understanding of most of the functions of our bodies.

Osmosis is the term applied to the whole process of absorption, secretion or excretion; just as we speak of respiration, meaning the whole process of

taking in air (inspiration) and of again forcing it out (expiration). Or as we say, we are traveling, we may be going into our own country or out of it to another. With these terms, endosmosis means, going in—rub alcohol on the skin and it passes in by endosmosis. Exosmosis is passing out; we eat foods and when they are sufficiently digested they pass through the walls of the stomach and intestines into the blood by exosmosis.

A simple illustration that I have given before, is: take a large vessel and fill it with fresh water; then take a cylinder, a lamp chimney will do, then procure from your butcher a piece of bladder and tie it over one end like the head in a drum, then fill this vessel with water that is made salty, and set it down inside of the larger vessel; in a short time you will find that the salt has passed through the bottom of the cylinder by going through the pores of the bladder and has made the water in the larger vessel as salty as that in the cylinder. This is exosmosis. Reverse the experiment, putting the salt water in the outside vessel, and in a short time the salt will have passed up

through the membrane till the fresh water in the inside vessel is equally salt with the outer, this is endosmosis.

This is precisely what transpires in the stomach and intestines; by means of this process we are enabled to receive nourishment; it is also one of the basic principles upon which physicians rely in the giving of drugs.

Circulating to every pinpoint of the body is a salty fluid, the blood. The foods we eat are emulsified, made liquid, and then filtered down through the intestinal walls to reach the blood, which is never so salty as the food, and in a like manner other chemical elements pass to the blood; in medicine this principle is utilized in this way; in constipation, the doctor gives a cathartic, usually a salt; this salt requires a large amount of fluid to keep it in solution, and as this water is not found in the intestines, this salt must draw it back from the blood, which it does, and thus makes a watery stool; e. g. magnesium and sodium, but if these substances be injected into the blood, the action is reversed; water is drawn from the intestines into the blood and constipation is the result. There is, of course, in both these actions, an exchange of salts with liquids, which is known as the endosmotic equivalent, or in other words there is a double stream, whatever salts pass into the blood must displace a certain amount of liquid, which liquid passes back into the intestines, and vice versa. Just as we take distilled water as a measure of weight; thus, when we place a piece of iron in a vessel containing distilled water it displaces some of the water,

and we weigh the amount thus displaced and call that the specific gravity of iron; cork would not displace so much and would therefore have a less specific gravity.

Filtration is caused by pressure of the intestinal walls upon fluids; thus when the muscular walls of the intestines contract upon the foods it causes a certain amount of liquid to be absorbed; there is also another very wonderful arrangement in the walls of the intestines that causes a certain amount of filtration by negative pressure. The little projections I told you about in the intestinal mucous membrane, called villi, have a way of contracting, and when they are filled with digested food they contract from point to base, and that empties their contents into the lacteals and lymphatics that run up into the center of each villi; these vessels in turn have valves in them that will not let the liquid food again return to the villi, and so when it again dilates it is empty and can thus be again filled with food; by this means a sort of pumping motion is kept up; this is what is meant by negative pressure.

There is another factor in the absorption of food that must always be taken account of, namely, the cells, of which all tissues are composed, probably do the greater part of taking up materials; and this statement is not just a mental science statement either. Landois says: "Numerous facts indicate that the protoplasm of the cells takes an active part in the process of absorption. The forces concerned have not as yet been proved to be purely chemical and phy-

sical in their nature." Let us cling to the idea that every cell is an individual ego capable of handling anything, be it freight, food or spirit. And while we are on this subject of cells, I will state that it is undoubtedly due to the action upon individual cells that other substances such as jalap, calomel, castor oil, etc., bring about catharsis. It will now be easy to understand how injurious the continued use of any of these substances is, for in any case, whether we use a salt that causes endosmosis, or a drug acting upon a set of cells, or a given system of nerves, there is always a direct loss to the system, as every particle of nerve power, as well as every drop of blood or lymph, required the digestion of food to create it.

Physicians use these avenues to reduce the amount of blood in the system, finding they can do so just so surely as if bleeding were resorted to; in fact it was the discovery of this principle that caused the abandonment of the practice of bleeding so popular fifty years ago; and just so will medication of all kinds, be largely discontinued to give place to more rational methods of controlling disease conditions, namely, by an understanding of the effects of foods, water, air, light, electricity, vibration, and manipulation, and eventually these will be superseded by a knowledge of mind and soul powers. But this happy millennium will only come by educating the laity, the weaker yet the greater number of links in the chain; when you and I awake to the fact that there is something for us to do, in learning to think out these prob-

lems for ourselves, and not depending on some one else to do our thinking for us.

The absorbent cells in the walls of the capillary blood vessels and lymphatics, are very active, when in perfect health, but their activity varies in different parts of the alimentary tract. Thus absorption is more rapid in the mouth and small intestines than in any other portion; it is very slow in the colon or large intestine, yet it is sufficiently active, so that in extreme cases of disease of the stomach, that it will absorb enough to keep up nutrition, by means of injections, for a long time; in fact the stomach has been removed altogether.

By investigating this problem of absorption chemists have learned that all liquids do not pass with equal facility through animal membranes, and also that many conditions influence the process. Temperature markedly influences absorption, and extreme heat or cold almost stops the process, a moderate warmth being the most favorable; hence the placing of a hot water bag over the pit of the stomach for half an hour after eating aids digestion; the condition of the mucous membrane has much to do with the facility with which absorption takes place; when thick catarrhal mucous forms upon it, absorption is slowed, and at times entirely stopped. Congestion of the blood vessels causes stagnation of all fluids in a part, thus interfering with secretion as well as absorption, as does thick blood from improper diet. Poisoned blood from the use of narcotic drugs, ptomaines, from decaying animal foods

often paralyzes the nerve supply, and right here let me say this is one of the reasons that persons who use tobacco do not know that it is gradually giving them dyspepsia, it benumbs the nerves so that they do not report that the food is not digesting, and they therefore ascribe their ill feelings to every other cause than the right one. Lack of blood supply as in anæmia, inflammation, ulceration, and lastly but not least, the influence of the mind, all interfere with absorption and secretion.

It has been shown that if an article easy of digestion such as rice, be eaten with one hard of digestion such as beans or bacon, it makes the latter still harder of digestion or absorption; this should teach us that more attention should be given to right combination of food. I hope to live to see the time when the principal material treatment for disease will be by means of foods properly administered.

The most powerful reagent in hastening the absorption of foods is found in the secretion of bile by the liver. Bile rubbed on animal membrane will cause it to let materials pass through it in half the time it would without so treating it; as I explained this in a recent lecture I shall not repeat it here. By the action of the intestines the bile is rubbed all over the inside of the intestines. I also explained about the mucous membrane having an epithelial covering, and it would be well for you to again read over the chapter devoted to mucous membranes and the action of bile.

Diffusion is another means by which nutrition is furnished to the body. It

has been found that some substances pass into the tissues, not only through the pores of its membranes, but even into the substance of the cells themselves, by diffusion. As an illustration of this process, place a few crystals of permanganate of potassium in a vessel of water and in a short time the whole of the water will be colored a deep purple; this, to a certain extent, is what occurs when certain drugs are administered. A great difference exists as to the case with which different substances diffuse; a drop of prussic acid placed on the tongue causes death almost instantly, and can be found in all the tissues of the body; arsenic taken by the mouth can be extracted from the bones; iodine will be found in the urine a short time after taking.

As is the case with absorption so with diffusion, some combinations of food permeate the tissues and fluids of the body very rapidly; sugars and very sweet substances spread very rapidly through the system; while colloid substances such as the outer coats of grains and pulse, do so very slowly, or not at all; gums, mucilages and oils, etc., are all slow of diffusion. Most of the stimulants and narcotics are received in this manner.

Most narcotics diffuse rapidly through the tissues, so that even the perspiration will be sufficiently impregnated to show their presence, e. g., tobacco; if a drop of perspiration from an inveterate user of tobacco drops on a hot griddle the odor of nicotine can easily be detected in the steam generated. These exhalations from the body are poisonous to delicately organized persons,

and many a wife is slowly invalided by sleeping with a husband soaked in tobacco.

I can not take up more time this evening with this subject, but I hope you may become so interested in this subject that you will wish to "drink

deeper," in order to not only live healthier but to recognize the great need of the masses for such an understanding, and your own duty to help those below you to a higher plane of living.

Pain Over Caecum After Operation for Appendicitis.

D. MACLEAN, M. D.

MEDICAL books and journals describe all kinds of pain in the region of the appendix previous to operation. I do not recollect of seeing any articles on pain following operations after the appendix has been removed. Many cases have come under my observation where the appendix had been removed and the pain still persisted. I do not know that the appendix was the disturbing organ, but its removal has certainly not remedied matters. All observers agree that chronic inflammation of the appendix produces reflex pain all over the abdomen. The pain is not always confined to the seat of the disease. It may reflect along the course of the distribution of nerves leading to the part—in many cases producing indigestion and constipation.

This might easily be understood if we considered the anatomy of the parts and the nerve supply. The nerve supply to the caecum comes from the pneumogastric and superior mesenteric plexus of the sympathetic. Constrictions and adhesions following operations leave the patient in as bad a condition, or

worse, than previous to the operation, in chronic cases.

My experience in some of these cases has taught me that the removal of the appendix has no beneficial effect. That the trouble is either in the constriction of the ileo-caecal valve, or dilatation of the caecum. In either of those cases the patient is free from pain if lying in the recumbent position for a length of time; and suffers pain if standing or sitting until tired. This is owing to gravity. The food and excrementitious matter is carried partly by the force of gravity from the stomach to the caecum; from the caecum to the transverse colon it has to overcome the force of gravity. Hence dilatation, constipation, gas and pain. The appendix removed, the abnormal condition still exists.

"What's the matter with him, doctor?" asked the worried father. The young physician took another look at the boy's tongue, felt his pulse again, noted his temperature, and proceeded to pour out some medicine. "I've forgotten the technical name for it," he replied, "but it ends in 'itis.' I'll fetch him out of it all right."--*Chicago Tribune*.

Postoperative Paralysis,

BY RUSSELL S. FOWLER, M. D.

Read before the Brooklyn Medical Society, Nov. 17, 1905.

THE occurrence of postoperative paralysis may be disclosed while the patient is recovering consciousness from the anesthetic when the attendant may discover that the patient fails to move the part affected. More commonly, however, the discovery is made at a later time when the patient complains of inability to move the affected part. In case the paralysis affects a part of the body covered by a dressing the discovery may only be made when such a dressing is changed. The reasons for these paralyzes are numerous.

Paralysis due to operative traumatism. The cause may be in the operative procedure itself, particularly if the operation has been in the neighborhood of or has involved one or more large nerve trunks. The suspicion would naturally arise, in such a case, that the nerve or nerves had been cut, ligated, contused through improper retraction, perhaps pressed upon by a drainage strip, or even injured by the antiseptic employed. The prognosis will depend greatly upon the rapidity with which symptoms of improvement appear. Should symptoms of return of function appear after a few days or weeks, a rapid recovery may be looked for; if after several months, recovery will be slow; if a longer period elapses without definite symptoms of return of function, recovery may be despaired of. In this particular class of cases it is

almost always a single nerve that is affected; for example, the recurrent laryngeal in goitre operations.

It is rarely that the exigencies of an operation will demand destruction of an important nerve structure. If such is necessitated by the operation, such nerve structure should be united whenever such a course is practicable. The inclusion of a nerve in a ligature is inexcusable. Sufficient retraction must be employed to clearly expose the operative field, but never to the extent of injuring the underlying tissue.

Paralysis of an Entire Extremity.—It sometimes happens that an entire extremity is affected; for example, after resection of the elbow there may be found total paralysis of the forearm extending up to but not beyond the level of the operation.

Hysterical Paralysis.—It hardly seems probable that the musculo spiral, median, and ulnar could all have received operative injury. It may be that such cases are hysterical. If so, there should be other signs of hysteria present. In addition, hysterical paralysis may occur in a part of the body other than that operated upon. True hysterical paralysis occurs in patients having an hereditary predisposition to mental disturbances. Some have post-operative amnesia, others delirium or mental confusion. They may resemble hysterotraumatic palsies. That such cases are

hysterical in origin is further shown by the fact that such disturbances do not occur in children (Prof. Joffroy of Paris, Congress of French Alienists and Neurologists, August, 1898), and also that they are not observed among soldiers. (Dr. Granjux of Paris, same reference.) This latter is probably due to the care exercised in the selection of soldiers.

Constriction Paralysis.—The tourniquet is responsible for some paralyses, though fortunately this cause is rare and can always be avoided. The most common example is paralysis of the musculo-spiral nerve. As a result of carelessness or ignorance, the tourniquet, instead of at a higher level, may be placed around the arm at the point where this nerve curves around the humerus. Constriction paralyses are more apt to occur in lean individuals.

Postural Paralysis.—This is caused by improper position of the patient on the table. The nerves affected may be at a distance from the field of operation. For example, a laparotomy case may develop paralysis involving part or all of the brachial plexus or a paralysis of the ulnar or musculo-spiral nerve. In paralysis involving the brachial plexus the cause resides in a faulty position of the arms above the head. The arms are stretched forcibly above the head, instead of being allowed to assume a natural position. Not only are the nerves put on the stretch, but the position of the arms causes the head of the humerus to press on the plexus, which may be further pressed upon the clavicle either against the spine or against the first rib.

When the ulnar nerve is affected it will be the result of a faulty fixation of the arm across the chest. If the arms are too tightly fastened respiration is interfered with; if insecurely fastened the arms will fall down beside the chest and are apt to rest against the edge of the table in the neighborhood of the ulnar nerve. In the case of the musculo-spiral nerve the pressure of an assistant leaning against the patient, the arm being fastened across the chest, has been known to cause paralysis.

Other examples of paralysis of the upper extremity are seen in improper Sims' position by not guarding the underlying arm against pressure; pressure on the shoulder by not having the shoulder crutch used in the Trendelenburg position well padded.

In the case of the lower extremity, paralysis may result from pressure or stretching in an improper Trendelenburg position, the patient's legs being flexed at the knees and supporting the entire weight of the body. Stretching of the sciatic nerve may result from a too exaggerated lithotomy position or the lithotomy posts may press too forcibly against the limbs, or an assistant may rest against the leg of a patient in the lithotomy position.

Sensation is disturbed but slightly, and quickly returns.

Paralysis, the result of nerve stretching or nerve pressure from improper position of the patient need only be borne in mind to be avoided. Parts of the body where paralysis is readily produced should be protected from pressure. Exaggerated position or positions demanding extraordinary strain pla

on part of the body should be avoided. The assistant should never rest against the patient. Even slight continued pressure on a patient's chest will produce difficulty of respiration.

It is fortunately true that, while serious paralyses do occur, they are rare. More often there is present a weakness or paresis of the affected part. This is transitory and easily overlooked. The patient mistakes the feeling of weakness for a natural outcome of the operation, and at first does not call attention to it. This will be particularly the case if the affected part is covered with a dressing.

These paralyses or pareses may be caused by pressure from dressings upon a nerve. As a rule, it is because the splint has been improperly applied, though it may follow secondary swelling under the dressing. For example, the external popliteal nerve at the point where it goes around the fibula may be pressed upon in dressings for fracture of the leg.

The vital necessity of using every care and precaution in guarding against such accidents is apparent, but even more necessary is their early recognition when they do occur. The longer the conditions causing them are allowed to persist the more lasting will be the paralysis. If for no other reason dressings should be inspected and the condition of the parts noted at sufficiently frequent intervals to guard against such calamities. This is particularly true in cases in which such disturbances are likely to occur. The earlier the condition is noticed, the more rapidly, safely and easily can a normal

condition be brought about by an immediate removal of the cause and the administration of galvanism, faradism and massage to the affected member.

Ischemic Muscular Paralysis and Contracture.—When paralysis occurs as a result of direct pressure upon a nerve trunk the condition is bad enough, but an even more hopeless condition may follow if the blood supply of the part is seriously interfered with. Such a condition may follow the ligation of the main artery of a limb, but is more commonly due to an improperly or too tightly applied dressing, particularly unelastic dressings. It may well be that the dressing does not cause an artificial anemia at first, but only after some swelling has occurred. For this reason cases in which plaster dressings and other non-elastic dressings have been used should be inspected shortly after the application of such dressing in order to insure that good circulation is present in the part. The local anemia means insufficient nutrition of the muscles, and the result is a rapidly progressive atrophy which, in turn, results in paralysis. Electric irritability diminishes, faradic reaction is lost first, later galvanic.

Contractures appear early, almost simultaneously with the paralysis. The prognosis is very unfavorable. This is perhaps because, as a rule, the condition is not noted until a change of dressing is necessary, by which time the atrophy may be well established. Only in the milder cases is recovery possible. Usually not only is restoration to the normal impossible, but not the slightest improvement can be no-

ticed. The contractures increase steadily. Treatment, electricity, massage and douches, should be continued for months in any event.

These ischemic paralyses are noted more frequently in the treatment of fractures, particularly simple fractures. In compound fracture the voluminous aseptic dressing necessitated by the wound allows of more swelling to occur inside the plaster cast without pressure effects. Moreover the case is seen of-

tener, as the wound requires change of dressing. Since these paralyses may occur so readily, great care should be taken in the application of the dressing, which should be inspected frequently during the first few days. The patient and his attendants should be instructed to be on the watch for swelling. This will be indicated by change in the distal portion of the extremity, which should be left uncovered for this very purpose.—*Brooklyn Medical Journal*.

Chemical Aid vs. Volition in Disease.

G. W. HARVEY, M. D., ADIN, CAL.

PHYSICIANS with positive opinions in regard to the diet of their patients have never been a *rara avis* in the medical profession, and from the days of medical purgatory when water even was forbidden the patient, to the present, where chemistry holds sway, reason has, with very many, had to take a back seat and yield to opinions backed up by chemistry.

The boasted science of physiological chemistry so far as it pertains to benefit in pointing out the elements of nutrition in any food for the sick, is a farce; a deceptive bauble to allure the profession and the gullible public along the highway of learned sophism to the destruction of many infants and adults.

That the chemist can tell to exactness the elements and their respective proportions in any food no one doubts, but when the chemist professes to give the exact amount of nutrient properties

suitable for the sick in any food he is overreaching the possibilities of his attainments, for the reason that no matter how carefully and exhaustively the analysis is made it is utterly impossible to take cognizance of the enzymatic and proteolytic properties inherent in the food itself, that is set free in the digestive apparatus of the individual during its transit through the alimentary canal.

What the chemist may choose to call nutritious material will more than likely be passed on by the system and the water elements or a little of the salts constitute the sole nutrient proportion of the ingested material. What the chemist chooses to call elements of nutrition may prove to be a serious clog to the system and do great damage, even to the destruction of life itself in many instances.

A sick person craving for a certain

food is *prima facie* evidence that the system needs that food or one containing similar elements, all the doctors and chemists on earth to the contrary, if they will. In my early professional life I had a patient with typhoid pneumonia, and a very sick patient at that. Unbeknown to me he drank all the vinegar from a quart bottle of pickles one day and ate all the pickles the next, with the happiest results. At least he got along as nicely as any patient I ever had. In an experience of over ten years I never have seen anything but good come from the gratification of the craving in sickness, where the food or drink craved was partaken of in reason and moderation.

I contend that the cell chemism of desire for a particular food or drink begotten in the sick individual, is an infallible guide to the physician, if he be wise, whereby he may choose the proper food for his patient without the bother to study the chemical formula of foods and drinks or even a standard dietary (?). The human or any other animal intelligence is far ahead of the chemist or physician when it comes to the selection of the proper food to nourish the sick body. How many times has the physician in his blindness forbidden the patient food or drink that he considered seriously detrimental or even fatal to him when the same patient has surreptitiously partaken of it and recovered so speedily that it astonished the physician. It was in this way, in fact, that rational methods of diet and medication came about in this our great United States. A few physicians were wise enough to

learn from their patients or patients of the other doctors.

In adults the way is easy, but in infants difficulties in diet multiply amazingly, and the chemist gets in his most deadly work as well as some of his most beneficent achievements. In the past he has been content to pronounce a milk perfect that contained a certain content of fat, sugar, salts, etc., whereas it may be utterly devoid of the natural enzymatic and proteolytic properties of digestion; in other words, vitality that should be imparted to it by the animal herself; and unless these products of vitality are present, the child may be sacrificed to the ignorance of chemistry.

The only safe test is a trial of the live milk, fresh from the animal, without sterilizing or in any other way killing it, and if the child or infant does not thrive upon it change to another. Milk from a number of healthy animals is more likely to agree with the infant or child than is the milk from a single animal, for the reason that it will possess more vitality. Milk fresh from a healthy animal is as much alive as is the spermatozoa from a healthy man.

Doctors, feed your infants on live milk, and they will thrive in spite of microbes and germs of all kinds. The danger lies in dead milk and in contamination with filth and disease. If your patient is a sentient individual listen to the call of nature, the natural craving of the body cells as manifest in the desire for certain food or drink, and we will make a great stride forward in the successful treatment of the sick.

In the Board of Medical Examiners of the State of California,

*In the Matter of the Revocation of the
Certificate of James V. Calhoun
For unprofessional conduct.*

On the 15th day of April, 1905, an action was instituted In the Board of Medical Examiners of the State of California against Dr. James V. Calhoun for unprofessional conduct in that he had made certain alleged gross and improbable statements regarding his ability as a physician to cure certain diseases, and he was cited to appear before the Board at a stated time and show cause why his license should not be revoked.

On the 31st day of May, 1905, Dr. Calhoun interposed a demurrer to the complaint, on the grounds that the board had no jurisdiction of the person or of the subject matter of the complaint and on the further grounds that the complaint was uncertain and did not constitute unprofessional conduct on the part of respondent. At the same time he filed his answer but refused to comply with that part of the medical act which provides that "the accused party at the time he presents his answer for filing, shall deposit with the Secretary his certificate, and unless he do so the Secretary must not file his answer, and default shall thereupon be entered against him, and the certificate revoked if the charges on their face be deemed sufficient by the Board."

At the time stated in the complaint, Dr. Calhoun appeared before the Board, but on account of his refusal to com-

ply with that portion of the medical act heretofore referred to, the Board refused to file either his demurrer or his answer, and without giving him a hearing and without taking any evidence of the facts stated in the complaint, entered his default and revoked his license to practice medicine and surgery in the State of California.

Thereupon Dr. Calhoun applied to the Superior Court for a Writ of Review and the Board was ordered to certify fully to the Superior Court a transcript of the records and proceedings in the matter.

The case was argued and submitted on briefs, respondent contending that that portion of the Medical Act above referred to was unconstitutional and void in that it is violative of the constitutional right of a citizen to be heard before being deprived of his personal or property rights and contrary to the 14th Amendment to the Constitution of the United States, which reads in part, as follows:—

"No State shall make or enforce any law which shall abridge the privileges or immunities of citizens of the United States; nor shall any State deprive any person of life, liberty or property, without due process of law"

The respondent further contended that the complaint filed with the State

Board of Medical Examiners contained no statement of unprofessional conduct, for which his license to practice medicine and surgery could be revoked, for the reason that the statute does not enumerate what shall constitute gross and improbable statements but leaves this question entirely to the opinion of the board.

On the 29th of January, 1906, the Court, after having considered different points raised by respondent, rendered its decision declaring null and void the proceedings of the Board of Medical Examiners of this State revoking the certificate of respondent authorizing him to practice medicine and surgery thereby deciding that those sections of the medical act requiring the respondent to accompany his certificate with his answer and providing that gross and improbable statements constitute unprofessional conduct for which a practitioner's license can be revoked, are unconstitutional and void.

Several days after the decision of the Calhoun case the Supreme Court of California rendered its decision in the Hewitt case, which was similar to the case of Dr. Calhoun with the exception that Dr. Hewitt had complied with that provision of the Medical Act requiring the certificate to be filed with the answer, so that that part of the act which the Superior Court declared to be unconstitutional was not passed upon by the higher tribunal.

The decision of the Supreme Court leaves no doubt as to the unconstitutionality of that portion of the act declaring that gross and improbable statements shall constitute unprofes-

sional conduct for which a physician's license can be revoked. In the course of its opinion the Court said: "No definite standard is furnished by the law under this provision whereby a physician with any safety can advertise his medical business; nor is there any definite rule declared whereby after such advertisement is had the Board of Medical Examiners shall be controlled in determining its probability or improbability The right which a person possesses under the constitution and the laws to practice his profession as a physician and surgeon cannot be made to depend upon a provision of a statute as vague, uncertain and indefinite as is the provision we have been considering. If a physician's license is to be revoked for 'grossly improbable statements;' if he is to be thereby deprived of his means of livelihood; of his right to practice a profession which it has taken him years of study, and a large expenditure of money to qualify himself for, on the ground that he has made grossly improbable statements, it is requisite that the statute authorizing such revocation define in advance what shall constitute such statements, so that the physician may know in advance the penalty he incurs in making them."

The effect of these two recent decisions is that a physician may advertise as such without any fear of having his license revoked and that whenever cited to appear before the Board he is entitled to a hearing without the production of his certificate.

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Published Monthly.

\$1.50 Per Year, in Advance.

D. Maclean, M. D., Editor.

F. C. Maclean, M. D., Bus. Mgr.

ASSISTED BY THE FACULTY OF CALIFORNIA MEDICAL COLLEGE.

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Editorial.

Medical Practice Act.

In this issue of the Journal we call your attention to two decisions in reference to our Medical Law. The Superior Court of the City and County of San Francisco has decided that a licentiate accused of violation of the law need not surrender his license without due process of law. The law of 1901 declares: "The accused party at the time he presents his answer for filing shall deposit with the secretary his certificate, and unless he do so the secretary must not

file his answer, and default shall be thereupon entered against him, and his certificate revoked if the charges on their face be deemed sufficient by the board." Judge Sloss says no! His license is property, and can not be taken from him only in such manner as is prescribed under the Constitution—not by an irresponsible body, which has taken no testimony in the case. This is a righteous decision, and one which commends itself to the intelligence of the laity, as well as the profession.

The Supreme Court has decided a physician may advertise almost with impunity. The question of "grossly

improbable statements" is so qualified that it would be almost impossible to make any statements that would be grossly improbable. The wisdom of today may be the folly of tomorrow. Shall nine men sit in judgment and decide that nothing new shall be advanced by the profession? Then progress would cease and the Board of Medical Examiners become the owls of the age. They could say thus far you can go, and no farther. Five imbeciles can control the wheels of progress, and say we are the people and wisdom will die with us.

Shall We Merge.

This is an age of great progress and developments. The river of knowledge is fast rushing, and carrying to the ocean of opportunities the greatest problems to solve in the present, and for future centuries. The medical profession must not linger on the banks of time. The medical profession must not be left in an eddy, while the stream is rushing onward and onward.

Every industrial enterprise is merging. Forming trusts, if you please. The so called trusts exist, and have come to stay. They are a matter of evolution in business methods. All great enterprises are combining, why not the medical?

The academy and private college have passed away. The High school and University have taken their place. The private medical college is just as sure to pass away. Medicine as a part of education will universally become a State concern, as assuredly as the edu-

cation of the child from the kindergarten to the university under our present system. We should prepare for the event, instead of wasting our energies opposing the inevitable, and issuing clap-trap circulars.

Shall we take advantage of our opportunities or be left as driftwood on the banks of progress. The Eclectic and Homœopathic schools of medicine have gained a recognized position in the medical world. Their theories and principles should be for ever perpetuated. Today the principles are so clean cut that the different schools should teach the three different theories.

We have five medical schools in this city—not one of them teaches a complete system of medicine. They are all good schools; they are all prejudiced; they are all crippled in presenting the truth as far as known. They only present one side. The college of the future must present all sides—must present what is known in medicine from every stand-point.

The difference in schools is simply in therapeutics. There is no sensible excuse for the different schools of medicine, and there is every reason why all schools should teach the same. It is our duty to merge. It is our duty to combine with the Homœopaths and have two Eclectics and two Homœopaths on the faculty of the medical department of the State University. Then we might not need an eclectic or homœopathic college; but should we, we should merge three of our colleges into one, each school to be represented in its special theories of medicine.

I believe in merging—I believe in

strength. The day of the weakling has passed. The day of combination is with us. We want the best at the least expense. I would like to see a merger of the College of Physicians and Surgeons, the Hahnemann and California Medical College. I would like to see a merger of the Pacific Coast Medical Journal, the Homœopathic Recorder, and the California Medical Journal. This is not a dream. It is an absolute necessity, or a poor existence.

The tendency all over the country is the affiliation of the medical schools with a strong University. Either that or they must have an endowment. The private medical school which is not backed by an university or endowed can not look forward with any hope of success in the future.

Pure Food Bill.

For seventeen years a pure food bill has been before Congress. How any opposition could be offered to having pure food, drugs and liquors, passes the comprehension of the ordinary individual. The present bill, known as the Heyburn bill, has been twice passed by the House of Representatives. The Senate, the millionaire's club, has failed to act so far. The influence of the manufacturers, and adulterers of foods and drugs have been greater than that of the consumers. The health of the nation is of but little consequence in comparison with the illigetimate profits of the manufacturer.

We, in this State, suffer to a great extent. California labels are used on

all kinds of trashy fruits and wines by jobbers in the East. Canned or bottled goods should state expressly on the label the contents of the package. If adulterated it should say so. If preservatives are used it should so state.

We admit there is but little danger to Senators of this State or any other State, of they or their families being poisoned by impure or adulterated foods or liquors. They can buy the best. If the poor Editor of this Journal has to have milk below the standard of fats, or cream preserved with formaldehyde, or his wine preserved with salicylic acid, neither Perkins nor Flint need care.

Editorial Notes.

Prof. John Uri Lloyd Will Explore Turkey and Orient.

Noted chemist leaves on long trip next week and expects to see unusual side of Far Eastern life.

Prof. John Uri Lloyd, accompanied by his wife and two daughters, will leave Cincinnati February 14th for New York City, where, February 17th, they will sail on the Celtic for Naples.

There they will take steamer for Smyrna, Asia Minor, and meet Prof. T. H. Norton, United States Consul and former professor at the University of Cincinnati.

Prof. Lloyd expects to be gone six months, and while his family remains with Prof. Norton, he will make excursions through Turkey and Arabia under the auspices of the Smithsonian Insti-

tution and Agricultural Department of Washington, D. C.

While looking forward to the trip with much pleasure, it is Prof. Lloyd's object to work all the time. It will be his first trip to Europe and Asia, and, in fact, the first time he will have left American shores.

In addition to a letter from the Government, Prof. Lloyd will carry credentials from the Department of Agriculture. He will call upon United States Consuls in the line of his travels, and will study the natural products of the countries he visits, with special reference to their drug-producing qualities.

At Naples Prof. Lloyd will meet his distinguished brother, C. G. Lloyd, whose headquarters are at Paris, and from April 26th to May 3d he will attend as a delegate the International Congress of Chemists at Rome.

Superiority of Fluid Medication.

Any practitioner who has been a close observer has noticed that liquid medicines are absorbed much quicker, and exercise their characteristic energies more rapidly than pills, granules, or tablets, and often much valuable time vital to our patient can be saved. This has been called an age of beautiful pharmacy. But I think we might call it an age of synthetic medicine. Many of the granules, pills, and tablets we use are not what they are claimed to be. I have several times known these solid forms of medicine to pass from the bowels undissolved. . . . I believe one reason why country doctors are, as a rule, better all-round

practitioners than their city brothers is they have what is called a working knowledge of materia medica. They are in close touch with nature's great store-house of materia medica, and at this time in the year especially it is a sort of inspiration to admire the trees, plants, and flowers, and by earnest study we can acquire a better and more intimate knowledge of their medicinal properties.—A. Herring, M. D., Highland Station, Kans., in *Medical Herald*, October, 1905.

From New York Medical Journal and Philadelphia Medical Journal, Consolidated.

NEW YORK, July 18, 1903.

Bacteriological Chart, in colors, showing sixty characteristic plates of pathological bacteria. New York: M. J. Breitenbach Co., 1903.

The chart embraces sixty plates, the majority of which show the characteristic bacteria, with the distinctive stainings, magnified 1,000 diameters. It includes eight different plates of *Hæmanmœba malariae*, showing the organism at various stages of development, and in the different forms which it assumes in the various kinds of malarial fevers. In these particular plates, as well as those showing *Amœba coli*, an even greater magnification is given.

The chart has evidently been brought down to a very recent date, as it embraces an admirable illustration of De Lisle and Jullien's bacillus of syphilis. The work is one of the most admirable pieces of lithographic production that we have ever seen emanate from an American house, and the fine gradation

of color and variation in tints are so accurately reproduced as to make the chart of great value, as well as one of an unusual degree of artistic merit. It is securely mounted in a form which enables the physician to suspend it for ready inspection.

To the Eclectic Physicians of the
United States.

The executive committee have definitely decided that the next meeting of the National Eclectic Medical Association shall be held June 19-20-21, 1906, at Put-in-Bay, Ohio.

We thought at first that the above date would be too early on account of the boat service from Toledo, Detroit, and Cleveland to Put-in-Bay, but the following letter from the G. P. & T. A. of the Detroit and Cleveland Navigation Co. to T. W. McCreary, Manager of Hotel Victory, guarantees to us first class service at the time of our meeting:

Detroit, Mich., Oct. 18, 1905.

Mr. T. W. McCreary,
Manager Hotel Victory,
Put-in-Bay, Ohio,

Dear Sir:

"We have your favor of Oct. 15th, and in reply will say that we will commence double daily (night and day) service between Cleveland, Put-in-Bay and Toledo, June 18th, 1906, on our C. & T. line."

Yours truly,

Detroit & Cleveland Nav. Co.,

Per L. G. Lewis, G. P. & T. A.

We are assured, both by the above letter and the hotel management, that we will receive all the accommodations that we would expect in July or August.

Our Corresponding Secretary, Dr. Helbing, has written me that he has secured R. R. rates of one and one-third fare for the round trip. You can apply to your nearest ticket agent and find out the rate from your place to Put-in-Bay.

The General Manager of Hotel Victory offers us the following rates: A flat rate of \$3.00 per day, per person, first come, first served, any room in the house unoccupied at the time of your arrival; or a sliding rate of \$2.50 to \$4.50 per day, with fifty cents. extra for bath in either case. We have accepted the flat rate of \$3.00 per day.

The outlook for a good meeting is very promising. Every day I find at my desk, letters full of encouragement and promises of co-operation.

It is not the part of wisdom, neither have I the desire nor inclination, to repeatedly exhort the profession to their duty in attending these annual meetings. But the officers of the association do propose to thoroughly advertise the meeting, and give a cordial invitation to every Eclectic in America to come and help to advance the cause of medicine as well as to enjoy a delightful outing among the people of the Great Lakes.

J. P. HARVILL, M. D.,
President.

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State Board Examination.

Following is the June examination of the Pennsylvania Medical Board of Examiners:

ANATOMY.

1. Give a description of the brachial plexus and name five of its branches.
2. Describe the pyloric orifice of the stomach and give its topography.
3. Describe the frontal bone, including its articulation and sinus.
4. Locate the openings in the walls of the abdomen and give the important structures in relation therewith.
5. Describe the bladder in either sex, including its ligaments and relations and give its nerve supply.
6. Describe the pancreas and give its topography, outlet, nerve and blood supply.
7. Describe the hyoid bone and the muscles attached to it.
8. Describe the pharynx, its structure, boundaries, openings, nerve and arterial supply.
9. Name, locate and describe the ductless glands of the body.

10 Give the origin, course and topography of the ureters.

PHYSIOLOGY.

1. What is accomplished physiologically by the portal circulation?
2. Describe how, respectively the intracranial arterial and venous blood pressure are regulated.
3. Describe the pulse mechanism.
4. State the source, composition and physiologic action of the gastric juice.
5. Give the functions of the trigeminal nerve.

PATHOLOGY.

1. Describe the structural changes of prostatic hypertrophy.
2. Describe the pathologic changes in disease of the vermiform appendix.
3. Give the pathologic condition characteristic of necrosis and caries of bone.
4. Describe the structural changes characteristic of the various types of hepatic cirrhosis.
5. Describe the changes in tissue in two forms of nasopharyngeal catarrh.

CHEMISTRY.

1. Give the chemical composition of the blood and state to what its coagulation is due.
2. Describe a test for diacetic acid.
3. Describe the properties and uses of boric acid.
4. State the chemical antidote for arsenic and write directions for its immediate preparation.
5. Describe a reliable test for the determination of glycosuria.

DIAGNOSIS.

1. State of what diagnostic import is the stool and cite three examples.
2. Diagnosticate infantile spinal paralysis.

3. Diagnosticate the so-called interstitial nephritis.

4. Differentiate carcinoma of the stomach and gastric ulcer.

5. Differentiate acute pneumonia and acute exudative plaritis.

SURGERY.

1. Describe any one of the dislocations of the head of the femur and a method of reduction.

2. State how to determine the point of obstruction in ileus.

3. Describe the treatment for penetrating gunshot wounds of the abdomen.

4. Describe ligation of the brachial artery at its middle third and give the collateral circulation.

5. Describe the operation for suppurative mastoiditis.

6. Outline the general principles for the treatment of fracture of bones.

7. Give the symptoms and treatment for concussion of the spinal cord.

8. State the advantages and disadvantages of the various forms of suture materials.

9. Enumerate the symptoms respectively of cerebral concussion and compression and outline the treatment of each.

10. What are the indications for operative treatment in any form of hernia.

OBSTETRICS.

1. Describe true and false labor pains and give the treatment for the latter.

2. In the albuminuria of pregnancy what treatment should be instituted to prevent eclampsia and avoid premature delivery?

3. What are the causes of retained placenta, and the treatment for each?

4. What are the essential conditions requiring the forceps, and what precautions are necessary during their use?

5. Describe an effective method to prevent rupture of the perinium during labor.

6. What precautions are necessary to prevent infection of the baby's eyes at birth and what is the treatment of ophthalmia neonatorum?

7. Enumerate the symptoms which indicate death of the child in utero, and state what course should be pursued in such a condition.

8. Give the mechanism of delivery in a left mento anterior position.

9. State the causes and give treatment of asphyxia neonatorum.

10. What are the symptoms of syphilis in the newly born child?

HYGIENE.

1. Discuss the dangers proceeding from an impure water supply.

2. Describe the best methods for the disposal of excreta and sewage.

3. What hygienic measures should be recommended to prevent constipation?

4. What diseases of animals are communicable to man?

5. Discuss the general principles of ventilation.

Reviews and Extracts.

Action of the Toxic Agent of Lobar Pneumonia.

Brem (Bulletin of Johns Hopkins Hospital), gives the following résumé of a very valuable paper:

I. Action of the Toxic Agent of Lo-

bar Pneumonia.—Phenomena of the mild action bear the features of stimulation of the central nervous system and cardiac muscles. Phenomena of severe intoxication appear to result from intensified stimulation, or enfeeblement and exhaustion from overstimulation. Death occurs from respiratory insufficiency, terminating in asphyxiation or in exhaustion of the respiratory center, or circulatory insufficiency, which leads, presumably, to accumulation of the toxic agent, and which may induce edema of the lungs or end in exhaustion of the heart muscle.

II. Therapeutics. — Elimination of the toxic agent: Internal hydrotherapy. Amelioration of harmful influences: Fever—external hydrotherapy; pain—ice-bag and analgesics; restlessness, insomnia, delirium—external hydrotherapy, analgesics, and narcotics. Respiratory indications: Heroin or morphine every two hours for a respiratory-rate of 36 or greater; O-inhalation is probably useless and may be harmful. Circulatory indications: Circulatory sedatives probably contraindicated, excepting the nitrates, which may be of benefit during early periods of increased cardiac work. Alcohol indicated in alcoholic cases; may be of benefit when there is no circulatory insufficiency. Circulatory stimulants contraindicated, except members of the digitalis series. The indication is low blood pressure associated with one or more of three conditions, namely, respiratory insufficiency, small urinary output, edema of lungs. — *Charlotte Medical Journal.*

Early Operation in Appendicitis with a
Special Consideration of Appendicitis
in Childhood.

Alapy (Arch. f. Kinderhk) says that his experience has been obtained chiefly from a study of appendicitis in children in the first and second decades of life, in which period more than a third of all cases of appendicitis occur.

Appendicitis is, par excellence, a disease of youth; this is natural, for the appendix in early life contains many lymph follicles, a certain number of which later undergo atrophy.

Radical measures are more frequently indicated, he thinks, in appendicitis in children. This statement may appear to be contradictory, since a conservative attitude is customary in the treatment of certain diseases in childhood, as, for example, tuberculosis of the bones and joints, whereas, the same condition in adults frequently calls for operative interference.

Appendicitis is a much more severe disease in childhood, according to Alapy, and he quotes experienced authors who share this view.

The writer observed eighty-five cases in the Adele Brody Hospital for Children. Deducting those cases which were discharged without having been operated upon and which were not followed up subsequently, sixty-one cases remain.

Of cases not operated upon, four died as a result of general peritonitis; four cases, in which diffuse peritonitis existed, were operated upon and died. Besides diffuse peritonitis there are two forms of sepsis which endanger

the lives of patients suffering from appendicitis; an infection which spreads by way of the lymph or blood vessels and which involves areas some distance from the original focus; this complication was encountered twice by the writer, once in a boy of twelve years, and again in a girl four years old; secondly, a form of sepsis leading to the formation of multiple abscesses.

Under the last head, four cases are grouped, one of which ended fatally. Six cases of ileus are recorded, of which four died.

He emphasizes the fact that appendicitis in children is graver than it is in adults.

During the onset children are more liable to suffer from diffuse peritonitis; they are more apt to succumb to a worse or less extensive peritonitis, for the reason that their power of resisting disease is not so great.

In childhood, metastatic infections occur as often, intestinal obstruction is strikingly frequent, and, finally, the tendency to spontaneous recovery is, if anything, less marked than in adult life. It follows that a conservative attitude is not justifiable, and that operative treatment should more frequently be resorted to.

As regards the indication for operative treatment, acute and chronic cases must, of course, be separately considered.

He lays stress upon the wide diversity of opinion which exists among surgeons and physicians as to the indication for early operations in appendicitis. A glance at the immense accu-

mulation of literature upon this subject shows that despite many contradictory statements, the salient fact remains, that a large percentage of persons suffering from appendicitis die.

He accentuates the importance of three cardinal symptoms in the early diagnosis of appendicitis: (1) spontaneous pain; (2) hyperesthesia (tenderness on pressure); (3) muscle spasm. These symptoms taken together make a positive diagnosis possible in the great majority of cases. He expresses surprise that muscle spasm, the importance of which symptom has long been insisted upon in America, and, to some extent, in French literature, should have been practically ignored in European literature.—*Charlotte Medical Journal*.

The Lowering of the Body Temperature in Hyperpyrexia by Means of Rapid Evaporation of Water.

Henry (*Brit. Med. Jour.*) describes a means for the lowering of body temperature as follows: The patient's bed is covered with some waterproof, over which is placed a sheet of toweling. This toweling, the sides of which are cut in a slant, is braided with jaconet. The patient reclines on the sheet, and if necessary has a warm bottle at his feet. Over the whole of his trunk another piece of toweling is placed in one or two layers, hemmed and bound along its sides with jaconet. A cradle is placed over the bed, to the dome of which is attached a small electric revolving fan surrounded by a wire cage. Affixed to the cradle is a small rose,

through which water slowly sprays in fine driplets on to the toweling covering the patient. The fan, revolving more or less rapidly, affects the evaporation of water so that the degree of cold can be regulated to a nicety. After taking the patient's temperature, the electric installation is switched on. A rapid evaporation of moisture lowers the temperature. If there is any surplus of water, it will run down the jaconet drains into a receiver at the foot of the bed. A few large fans in the ward would keep the air pure and cool the atmosphere.—*Charlotte Medical Journal*.

A scroll-saw, with an assortment of a dozen saws, can be purchased at the hardware store for twenty-five cents; it is ideal for resection of the small bones of the hand and foot, for amputations of the digits, etc. Well-tempered carpenter's chisels and gouges, and a carpenter's wooden mallet answer the purpose admirably for bone work. A useful bone drill can also be selected from the stock of the hardware dealer. A gardener's pruning knife and a carpenter's miter saw are the best tools for the removal of plaster dressings. A cheap potato knife, rough sharpened on a stone, is excellent for cutting through starch bandages. Crochet needles are most useful for lifting buried stitches out of a sinus. Knitting needles find another purpose as a means of rupturing the membranes when this is needed in obstetrical work. Sharp and blunt retractors may be fashioned, in an emergency, by bending the tines of a fork and the

handle of a spoon, respectively. A teaspoon is also useful as an elevator of the eye, when resection of the superior maxilla is performed. An inverted tea-strainer is useful in the dressing after colostomy, to prevent pressure of the gauze upon the gut. A spoon-shaped potato cutter may be used, in an emergency, as a wound curette. Similarly, applicators, probes, and depressors may be improvised by twisting stout copper wire. The multiple surgical uses of the hairpin are also well known. Of stouter material, if necessary, a small, self-retaining speculum can be quickly made from steel wire; it often obviates the need of an assistant when searching the hand or foot for a foreign body.—*American Journal of Surgery*

A PLEA FOR THE TABLET.

"In the first place, compared with pills, tablets have no insoluble coating nor, when properly made, have they any insoluble excipient added to their composition. For example, antikamnia tablets are made by simple compression, and therefore, if the secretions of the human system affect the medicine administered, it is bound to be absorbed in the quickest possible time, which is always an advantage. Comparing tablets with capsules, greater accuracy in dosage is assured, as experiments have proven. For example, forty tablets of Bisulphate of Quinine, made on a machine, adjusted to five grains each, weighed $199\frac{3}{4}$ grains on a torsion balance. The most careful druggist knows it would be impossible to do

this in filling capsules. The objections some have to tablets is readily overcome by crushing them before administration, and we are glad to know that the Antikamnia people take the precaution to state that when very prompt effect is desired the tablets should be crushed or chewed. Antikamnia itself is not unpleasant to the taste, and the crushed tablet can be placed on the tongue and washed down with a swallow of water. It so frequently happens that certain unfavorable influences in the stomach may prevent the prompt solution of tablets, that this suggestion is well worth heeding. This, however, does not apply to Antikamnia Tablets, for they disintegrate at once, as soon as they come in contact with moisture. Drop a tablet in a glass of water and be convinced of this. Proprietors of other tablets would have better success had they given more thought to this question of prompt solubility. Antikamnia and its combinations in tablet form are great favorites of ours, not because of their convenience alone, but because of their prompt and uniform therapeutic effect."—*The Journal of Practical Medicine*.

An Extract from an Address at a Meeting of the New York Academy of Medicine.

Dr. Winters said that the late Dr. Wilson Fox (London) had once remarked: "I never see rheumatic fever any more. If a case comes into the hospital my house physician prescribes full doses of salicylic acid, and the man is practically cured before I see him."

What is the specific which uniformly

and unfailingly neutralizes and counteracts the rheumatic virus? It is a product of the soil. Wintergreen oil is 96 per cent. methyl salicylate. One hundred and sixty-nine grains methyl salicylate yield 138 grains salicylic acid. Salicylic acid is converted by the alkaline secretions in the intestines into salicylate. In the blood and vital fluids the base is set free for the neutralization of the rheumatic poison. Salicylic acid is immediately eliminated. Failures *with* salicylic acid are not failures *of* salicylic acid. The gastro-intestinal glands and the liver must be adequately prepared by a full dose of calomel and pulverized rhubarb and followed by an active saline-preferably seidlitz powder.

Failure from substitution is constantly encountered.

Synthetic salicylic acid from carbolic acid possesses *no* antirheumatic property. A powerful depressant, always dangerous, never useful. The medical profession should unite in demanding legal suspension of the marketing of this dangerous product of the chemist's laboratory. Only Nature's laboratory can bring forth a specific—a cure for rheumatism.

A prominent eclectic physician writes that hot Antiphlogistine applied over the entire length of the spinal column, with heat applied external to it, is of much service in relieving the spinal tenderness, spinal irritation and the consequent extreme soreness which often develop in these cases over the spinal ganglia.

He says that a long train of symptoms is apt to follow this spinal condition,

symptoms which are mistaken for other conditions or for diseases in other organs, and the central irritation is entirely overlooked.

Dr. T. L. McDermott, of Louisville, Ky, writing, says the best results from Sanmetto in his hands were obtained in sub acute gonorrhœa and gleet, in which the results in many cases were very marked, and for this exasperating ailment sufficiently rapid to encourage the patient to continue the treatment. He says that this is in itself no small measure of praise, for all physicians are aware of the fugitive nature of these patients, their lengthened chronicity, and the painstaking attention necessary to effect a cure. He says that he has seen excellent results from Sanmetto in many cases of nocturnal enuresis, cystic catarrh, and other functional diseases of the bladder; however, its general use by the profession speaks loudest of its efficiency in these cases.

CATCHING COLD is an indication of an impaired activity of the skin, and occurs most frequently with people of weakened capillary circulation, the result of wearing woolen undergarments.

Such affections as catarrh, bronchitis and pneumonia are traceable to the same predisposing cause. The retention of waste material, attending the wearing of woollens next the skin gives rise to inflammatory diseases of internal organs, including Bright's disease.

A change to the Dr. Deimel Underwear is usually followed by immediate results for the better. The skin, heretofore covered with a clammy layer of unabsorbed perspiration and debris, assumes a normally dry and elastic con-

dition. It is, so to speak, toned up. Exposure is not felt so much, nor is it followed by attacks of cold; catarrhal and rheumatic tendencies disappear and the danger of pneumonia is greatly lessened. Within a short time the wearer wonders at the marvellous change for the better which has taken place in his general health, and is surprised that he ever could have worn woolen underwear.

Book Notes.

Lectures on Tropical Diseases.—Lane Lectures 1905 at Cooper Medical College by Sir Patrick Manson, K. C. M. G., M. D., LL. D. Kullner & Co., Chicago, publishers; price, \$2.50.

These lectures are very important and timely in view of the present need of knowledge on this subject by our physicians in the Philippines and in Panama. The author dwells on the importance of a study of the pathology of tropical diseases by physicians intending to practice in tropical countries. He regards it as important to San Franciscans by reason of our position as port of entry for Oriental trade.

He takes up first the principles governing the geographical distribution of tropical disease, and then proceeds to the parasitic diseases—hook-worm disease, malaria, sleeping sickness, tropical fevers, are all discussed in full. Yellow fever is given special importance in view of the present work on the Panama Canal. The author prophesies a rapid spread of tropical diseases with the completion of the canal.

The book is to be heartily recom-

mended to all physicians who are likely to come in contact with the diseases described.

The Physical Examination of Infants and Young Children.—By Theron Wendell Kilmer, M. D., Adjunct Attending Pediatricist to the Sydenham Hospital; Instructor in Pediatrics in the New York Polyclinic Medical School and Hospital, New York; Attending Physician to the Summer Home of St. Giles, Garden City, New York. Illustrated with 59 half-tone engravings. 12mo., 86 pages. Bound in extra cloth. Price, 75 cents, net. F. A. Davis Company, publishers, 1914-16 Cherry Street, Philadelphia, Pa.

The author states that his only aim is to instruct the student how to examine a baby. In this he has succeeded admirably. Many students, and even physicians, are deplorably ignorant as to the methods of examining young children, and as, of course, a proper diagnosis is impossible without a proper examination, the importance and value of the little book are apparent. The cry is considered first, and then the various means of physical examination are discussed in full. The illustrations showing the best methods and positions in examination add much to the value of the book.

A Laboratory Manual of Physiological Chemistry.—By Elbert W. Rockwood, M. D., Ph. D., Professor of Chemistry and Toxicology and Head of the Department of Chemistry in the University of Iowa, etc. Second edition, revised and enlarged. With one colored plate and three plates of Microscopic preparations. Large 12mo., 229 pages, extra cloth.

Price, \$1.00 net. F. A. Davis Company, publishers, 1914-16 Cherry Street, Philadelphia, Pa.

This is one of the best of the manuals on this subject, and will be found to be an excellent working guide. The author believes that the laboratory method of instruction is far superior to the didactic in this subject, and has spared no pains to make his work cover the subject thoroughly and practically. The rapid advances in biological chemistry are all incorporated in this new edition, maintaining the high standard of the first.

An excellent book for students.

Nasal Sinus Surgery with Operations on Nose and Throat.—By Beaman Douglass, M. D., Professor of Diseases of the Nose and Throat in the New York Post-Graduate Medical School and Hospital. Illustrated with 68 full-page half-tone and colored plates, including nearly 100 figures. Royal octavo, 256 pages. Bound in extra cloth. Price, \$2.50, net. F. A. Davis Company, publishers, 1914-16 Cherry Street, Philadelphia, Pa.

This book, by such a recognized au

thority as Dr. Douglass, can not fail to be appreciated. It embodies the fruits of a long experience in this specialty, and has been written in compliance with the demands of the many physicians who have worked under the author.

The book is carefully arranged. The first chapter is devoted to anatomy, with special stress on openings and drainage. The different sinuses are then taken up in turn, then the nose itself, a chapter being devoted to external nasal operations for relief of deformity. The throat and tonsils are next discussed, and the last chapter is devoted to laryngotomy and tracheotomy.

The book is beautifully printed and illustrated in a manner worthy of the context.

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Park, Surg., 2 vols., \$9.....	4.50
Hemmeter, Stomach, \$6.....	4.50
Bryant, Operative Surg., 2 vols., \$10	8.00
Keen, Amer. Text-Book of Surg., \$8	4.50
International, Warren & Gould,	
2 vols., \$12.....	7.50
Balby, Amer. Text-Book on Gynecology, 2d ed. \$7.....	5.00
Keating & Coe, Gynecology, \$7....	4.00
Am. Text Physiology, 2 vols., \$6.	4.50
Am. Text-Book of Therapeutics,	
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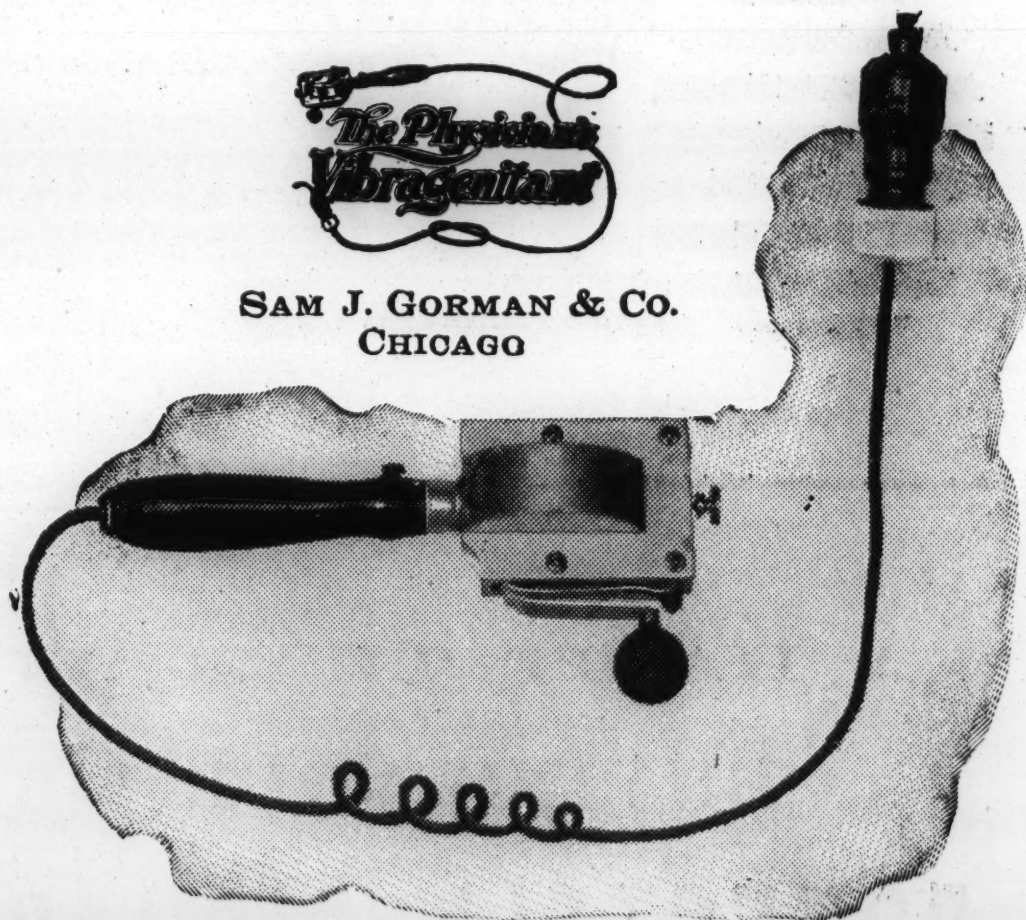
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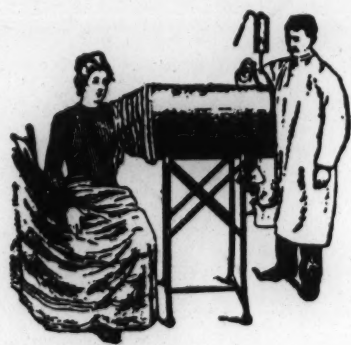


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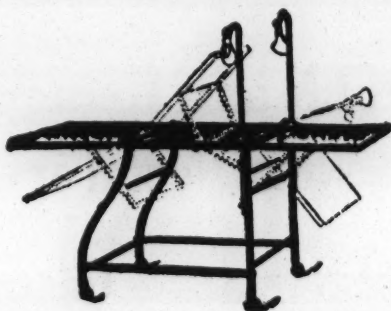


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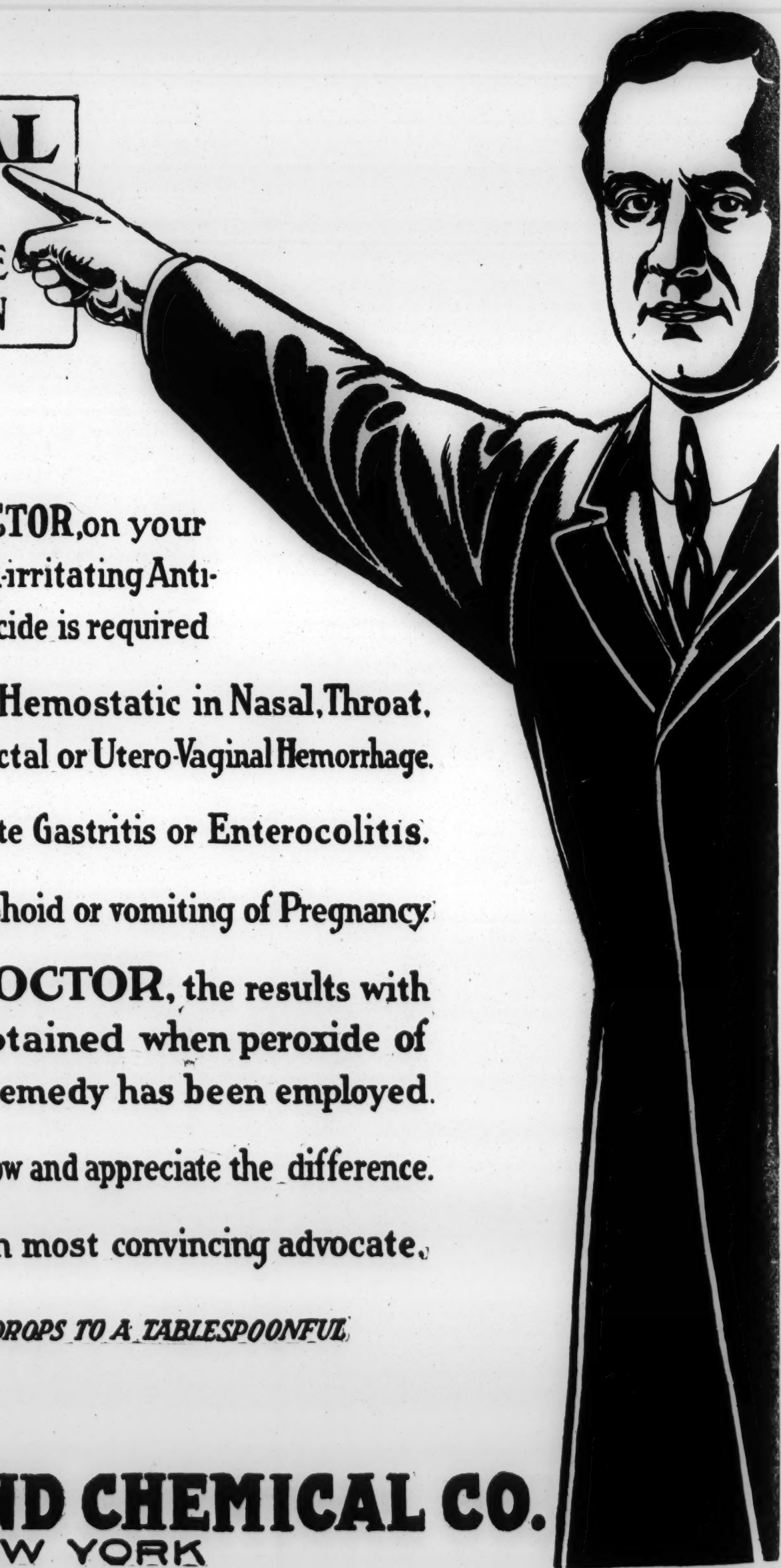
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